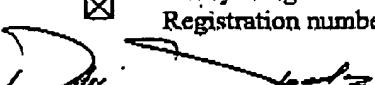
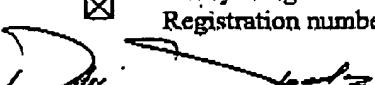
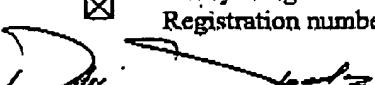


FEB 21 2006

PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number: 729-174																																															
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																																																	
Application Number: 10/043,657	Filed: January 8, 2002																																																
For: HYDRATION POUCH WITH INTEGRAL THERMAL MEDIUM																																																	
Art Unit: 3727	Examiner: Stephen K. Cronin																																																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> </tr> </tbody> </table> <table> <tr> <td><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td style="text-align: right;">02/22/2006 TL0111 00000054 10043657</td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td style="text-align: right;">01 FC:2251</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td style="text-align: right;">60.00 DPP</td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.</td> <td></td> </tr> <tr> <td colspan="2">I have read and understood the above information and hereby certify that I am the _____ of the above named applicant.</td> </tr> <tr> <td colspan="2">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</td> </tr> <tr> <td>I am the</td> <td colspan="2"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u>44,331</u>. </td> </tr> <tr> <td colspan="2">  Signature </td> <td style="text-align: right;">February 21, 2006</td> </tr> <tr> <td colspan="2"> <u>Peter A. Shaddock II</u> <small>Typed or printed name</small> </td> <td style="text-align: right;"> <u>757-548-2323</u> <small>Telephone Number</small> </td> </tr> <tr> <td colspan="3"> <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Total of _____ forms are submitted. </td> </tr> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	<input checked="" type="checkbox"/> Applicant claims small entity status. 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